

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/566,549

Filing Date

July 26, 2004

First Named Inventor

Noriyoshi Matsuura

Art Unit

Not Yet Assigned

Examiner Name

Not Yet Assigned

Attorney Docket Number

32350-260610

## ENCLOSURES (Check all that apply)

☒ Fee Transmittal Form

☐ Fee Attached

☐ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/Incomplete Application

☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

☐ After Allowance Communication to TC

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify below):

- Fee Transmittal PTO/SB/17  
- Yellow Filing Receipt

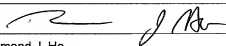
Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

VENABLE LLP

Signature



Printed name

Raymond J. Ho

Date

July 1, 2008

Reg. No.

41,838

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		Application Number	10/566,549
		Filing Date	July 26, 2004
		First Named Inventor	Noriyoshi Matsuura
		Examiner Name	Not Yet Assigned
		Art Unit	Not Yet Assigned
		Attorney Docket No.	32350-260610
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) 1,740.00		

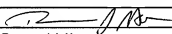
  

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 22-0261
Deposit Account Name: Venable LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Small Entity</b>	<b>Small Entity</b>	<b>Small Entity</b>	<b>Small Entity</b>	<b>Small Entity</b>	<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
							<b>Small Entity</b>
							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
<b>Total Claims</b>							<b>Fee Paid (\$)</b>
- 20 = _____ x _____ = _____							<b>Multiple Dependent Claims</b>
HP = highest number of total claims paid for, if greater than 20.							<b>Fee (\$)</b>
<b>Indep. Claims</b>							<b>Fee Paid (\$)</b>
- 3 = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____	- 100 = _____	/50 = _____	(round up to a whole number) x _____ = _____				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)				<b>Fees Paid (\$)</b>			
Other (e.g., late filing surcharge): 1501 Utility issue fee				1,440.00			
1505 Publication fee for republication				300.00			

<b>SUBMITTED BY</b>		Registration No.	41,838	Telephone	(703) 760-1977
Signature		(Attorney/Agent)		Date	July 1, 2008
Name (Print/Type)	Raymond J. Ho				